



# USAID | JORDAN

FROM THE AMERICAN PEOPLE

March 10, 2009

**Subject: RFTOP No. Jordan-09-04  
Prospective Task Order under TASC 3 – Global Health  
Amendment No. 1**

The purpose of this RFPTOP Amendment No. 1 is to answer questions raised by potential offerors:

**Question No. 1:** The RFP states that "the existing ER facilities at Al-Bashir, Jamil Tutanji and Prince Faisal hospitals do not comply with international architectural standards for quality health care practices. Moreover, these facilities have either non-code compliant design problems or are not appropriately maintained which can result in immediate infection." The RFP also specifies that the hospital assessment at Al-Bashir will be limited to needs for equipment and furniture and it appears that no ER renovation or upgrading will be done by HSSII. How will non-compliance with international architectural standards at Al-Bashir Hospital be addressed?

**Answer No. 1:** The mission conducted an initial assessment of the main ER at the three hospitals and found out that the renovation works of the main ER at Al-Bashir hospital could easily utilize all of the FY08 Supplemental Fund (\$13.2 M). The renovation of the main ER was considered an "all or none" undertaking since the renovation of selected areas or departments within the main ER would not be equitable. The decision was made jointly with the MOH to renovate ERs in Jamil Tutanji and Prince Faisal hospitals only, while provision of equipment and furniture as well as capacity building applies to the three hospitals.

**Question No. 2:** In the Safe Motherhood Component of Phase 2, HSSII is expected to assist in the provision of Comprehensive Postpartum /Post Miscarriage Care, and develop Human Resources for safe motherhood at the hospital level. Does USAID have a target number of hospitals for these interventions?

**Answer No. 2:** The target is 29 public hospitals that provide obstetric and neonatal services (22 MOH and 7 RMS)

**Question No. 3:** Under the Improving Community Health section of the RFP, reference is made to the "community mobilization model." Shortly after, a detailed explanation is provided on the "Community Health Program." Are these the same?

Answer No. 3: Yes, the subject model and program are the same.

**Question No. 4:** With the three month overlap with Phase II of the HSS II and HSS, and an even longer overlap with Phase I and HSS, and given that USAID envisions that the office equipment and furniture from HSS will be used on HSS II, how should the contractor account for this overlap? Is rental furniture acceptable or is co-location possible?

Answer No. 4: We expect co-location starting from the award date. During the first 4-5 months of HSS II the staff will be limited to the first phase and current HSS is expected to have less staff by that time so that the space can accommodate both projects.

**Question No. 5:** Please confirm that the 5 year project will begin August 2009 and run through July 2014.

Answer No. 5: The anticipated start date of the project is August 1, 2009 depending on the procurement process. Thus the anticipated completion date will be five years from the commencement date.

**Question No. 6:** Is it permissible to send the electronic version of the proposal to meet the April 16<sup>th</sup> deadline with the hard copies and CD-Rom to follow after the deadline?

Answer No. 6: Both electronic and hard copies are due 12 noon Jordan time, April 16, 2009.

**Question No. 7:** May offerors submit the cost spreadsheets on 11x17 to allow for greater readability?

Answer No. 7: Yes, only the spreadsheets and graphics may be on folded 11 X 17 paper.

**Question No. 8:** May offerors submit annexes in PDF format?

Answer No. 8: It is acceptable for offerors to submit annexes in PDF format.

**Question No. 9:** Of the \$28 million assigned for Engineering and Renovation subcontracts over life of the five-year project (Section B.3 p. 2), what is the estimated dollar amount that should be allocated to Phase 1 vs. Phase 2?

Answer No. 9: Of the \$28 million assigned for Engineering and Renovation subcontract as well as for equipment and furniture, it is estimated that the distribution will be about \$10 million for Phase 1 and \$18 million for Phase 2. The final allotment to the two phases will depend on the detailed assessments.



- Question No. 10:** On page 6 the number of Iraqis estimated to be utilizing the Jordanian health care delivery system is 500,000. What is the source for this statistic?
- Answer No. 10:** Iraqis in Jordan: Their Number and Characteristics, 2007  
<http://www.fafonoais/mideast/jordan/IJ.pdf>
- Question No. 11:** Page 13 of the RFP states that Phase 1 will begin as soon as the award is made on/about mid-2009. Should we budget the initial contract year for Phase 1 from award to 12 months later followed by another period of 6 months, or should we present our budget so it coincides with USAID/Jordan's fiscal year (i.e., October to September of next year)? If the latter is the preferred budgeting approach we would provide an initial period of 4 months, followed by a 12 month period, followed by a 2 month period – totaling 18 months. Please advise what method of budgeting is preferred? Once we receive your guidance we will apply same to our budgeting of Phase 2.
- Answer No. 11:** We do not have a preference with how you present the budget as long as it covers the 18 months. It seems that your question is more related to reporting; it should follow the USAID/Jordan's fiscal year of October to September.
- Question No. 12** On page 16, the RFP states to "As a result, HSS developed proposed schematic architect/engineering designs to address these noncompliance issues and to improve the overall functionality and safety of the obstetric and neonatal departments in Al-Bashir hospital." These proposed designs do not appear to be available on the HSS web site. In order to provide equal opportunity to offerors, could USAID make these designs available electronically or for pickup.
- Answer No. 12:** The schematic designs are now uploaded at HSS website ([www.hss.jo](http://www.hss.jo)), where every hospital has one folder with two subfolders for current and proposed schematic designs.
- Question No. 13:** Page 48 of the RFP states that the authorized geographic code for procurement of goods and services under this order is 000. Under the TASC 3 IQC, as per Article H.9, the code for procurement of goods is 000 while that for services is 935. Can you please clarify what is the code for procuring services under this RFTOP?
- Answer No. 13:** This is to confirm that the authorized geographic code for procurement of goods is 000 and for procurement of services is 935.
- Question No. 14:** Can USAID confirm the Geographic Code for the Task Order will be

**000?** How will that code (U.S. only) allow for the construction subcontracts.

Answer No. 14: Please see the response to question 13. However per 22 CFR 228, Item 228.40 Local procurement is eligible for USAID financing for Construction services contracts, including construction materials required under the contract, estimated not to exceed the local currency equivalent of \$5,000,000.

**Question No. 15:** Page 51 of the RFP (attachment J.3) mentions that the biodata sheet is only required for Foreign Service nationals and third country nationals. However page 62 of the RFP mentions that biographical data sheets are needed for proposed key personnel and any proposed long-term or short-term personnel. Can you please clarify if biodatas are needed for all personnel named in the cost proposal?

Answer No. 15: This is to confirm that biographical data sheets are required for technical staff (US, CCN and TCN).

**Question No. 16:** On page 53 of the RFP it notes that the performance period begins August 1, 2009 for five years while on page 44 of the RFP the estimated period of performance is stated as o/a June 2009 to June 2014. Please clarify the period of performance for the project.

Answer No. 16: Please see the response to question 5.

**Question No. 17:** Page 54 [L.4(4)] states that the format for the technical proposal must be in MS Word 2003 readable format and MS Excel readable format. We plan on sending our entire Technical Proposal and our Cost Proposal submissions in separate PDF files, as well as forward the associated files in Word and Excel (i.e., for cost we would send the spreadsheets in Excel and budget narratives in Word). This approach will allow us to send files with signatures in PDF (i.e., letters of commitment and biodata forms) as well as ensure that USAID/Jordan receives a document for each volume that prints correctly per the respective Table of Contents. Please confirm that such an approach will be considered responsive.

Answer No. 17: This is to confirm that your approach is acceptable.

**Question No. 18:** Page 56 of the RFP refers to the Implementation and Monitoring Plan (IMP) and includes it as part of the Technical Proposal. On page 58, the RFP refers to two separate documents, an Implementation Plan and a draft PMP. Can USAID/Jordan please clarify if the Implementation Plan and the Monitoring Plan are to be presented in



**one combined document or should they be presented in two separate documents? In this context can you also please clarify the difference between an Implementation Plan versus a Workplan.**

Answer No. 18: We understand that the technical proposal is one document with several sections. Implementation and monitoring plans are two separate sections of the same document. The illustrative 5 year implementation plan is meant to be an umbrella plan detailing interventions, approaches and milestones necessary to achieve results. Break down of the implementation plan by year is expected. The first year draft workplan is based on the implementation plan and describes the main activities and milestones to be achieved during the first 12 months of implementation.

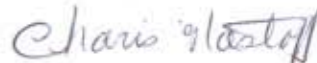
**Question No. 19: If the Implementation Plan and the draft PMP are two separate documents, will they count against the page limit if included in the main body of the Technical Proposal? Can the draft PMP be included in an annex?**

Answer No. 19: On page 57, it is noted that work plans and implementation monitoring plans are excluded from the 50 page limit. The draft PMP can be included as an annex and is not counted against the page limit.

**Question No. 20: Can you please clarify if the Implementation Plan, the Monitoring Plan and the Draft Work Plan are to be provided for both Phase 1 and Phase 2 and are each of these required for the entire project period or for just year one?**

Answer No. 20: Implementation and monitoring plans are for the project lifetime. The draft workplan is for the first year of implementation. Plans have to be presented for the project as a whole without the need to have three plans for each project phase.

Sincerely,



Charis Nastoff  
Contracting Officer